

SHS1808

T.D.C.J. - INSTITUTIONAL DIVISION

DATE: 09/08/16

AGE NO: 01

HEALTH SUMMARY FOR CLASSIFICATION SYSTEM

TIME: 09:39:33

SUMMARY OF TRANSACTIONS

INMATE NAME: CADDELL, BRADLEY J

TDCJ-ID #: 01697940

DATE	RESTRICTION	AUTHORITY
5-21-2012	LOWER ONLY	BECKSTROM
	MEDICALLY UNASSIGNED	
	SEDENTARY WORK ONLY	
	NO LIFTING > 025 POUNDS	
	NO SQUATTING	
	NO CLIMBING	
	LIMITED SITTING	
	NO FOOD SERVICE WORK	
	NO WALKING ON WET UNEVEN SURFACES	
	DO NOT ASSIGN TO MEDICAL	
	NO TEMPERATURE EXTREMES	
1-25-2012	LOWER ONLY	BECKSTROM
	SEDENTARY WORK ONLY	
	NO LIFTING > 025 POUNDS	

F1 -HELP PF3 -RETURN TO INQUIRY PF7 -UP PF8 -DOWN PF10 -PRINT
 ENTER NEXT REQUEST/OR TDCNO _____ OR SIDNO _____

NAME CADDELL, BRADLEY J		TDC NUMBER 01697940		UTMB NUMBER						
DATE	WEIGHT	BLOOD		P	U	L	H	E	S	
DATE	PRESSURE	DATE	DCM	DCM	DCM	DCM	DCM	DCM	DCM	
030812	276	030812	132/075	030812	3MP	1A	1A	1A	2BP	1A
050211	262	050211	116/070	050211	3MP	1A	1A	1A	2BP	1A
032211	280	032211	109/071	032211	3EP	1A	1A	1A	2BP	1A
				032211	3EP	1A	1A	1A	2BP	1A
				032111	1A	1A	1A	1A	1A	1A

PRESS ENTER TO RETURN THE PROFILE OR

ENTER 'P' TO PRINT THIS DISPLAY

GENERAL INCIDENTS NOT LISTEDEAC Incident No. I-09196-07-12Date/time of incident 6-30-2012Specific location of incident A-4 dormType of incident that occurred Offender Illness (Heat)**Offender(s) Information**

Name	TDCJ#	Race	Sex	Age	Custody
Caddell, Bradley	1697940	W	M	51	G1

Injuries? Yes No If yes, explain **Employee(s) Information**

Name	SSN	Race	Sex	Age	Rank
N/A					

Injuries? Yes X No If yes, explain HIGH TEMPERATUREDescribe incident Offender Caddell was complaining of dizziness and a temperature. Medical staff monitored him and determined that he needed further medical attention. Parkland Hospital determined that the offender was dehydrated and gave him IV fluids.

Lieutenant Kevin Brown

Name of Person Reporting Incident

Ms. Theresa Alford

Name of Person Notified at EAC

T.D.C.J. - INSTITUTIONAL DIVISION

PAGE 1

ADMINISTRATIVE LAYINS BY HOUSE FOR 06/16/2012

06/18/2012

2,018

13:59:44

#	NAME	TYP	HOUSING	JOB ASSIGNMENT	TIME	AUTHORITY
HEAT						
031	HOWARD, RONALD DEWA	A	A1-014T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
498	ANDERSON, REGINALD	A	A1-015B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
218	VAZQUEZ, PEDRO EDUA	A	A1-017B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
256	JOHNSON, SCOTT ALLE	A	A1-019B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
265	GEORGE, RODRICK	A	A1-020T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
523	DEMERS, ADAM LEE	A	A1-021B	JANITOR K1 HALL 1ST	23:00-23:15	ESCOBEDO
395	PATTON, PATRICK LYN	A	A2-003B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
183	BAKER, RICHARD DEAN	A	A2-033B	STOCK CLERK SUPPLY	23:00-23:15	ESCOBEDO
306	BLANE, LOUIS BENE J	A	A2-034T	JANITOR TF SHOWER SQ 1ST	23:00-23:15	ESCOBEDO
226	GAMBLE, ANTHONY PAU	A	A2-036T	JANITOR A1 BLDG DORM 1ST	23:00-23:15	ESCOBEDO
310	MORRIS, LEE BALDWIN	A	A2-037B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
382	ZOOK, GREGORY JAMES	A	A2-038T	PAINTER SQUAD	23:00-23:15	ESCOBEDO
74	ADAMS, GERALD	A	A2-041B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
161	STEPHENS, STANLEY R	A	A2-043B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
110	AUTRY, CECIL NAKIA	A	A2-044T	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
172	PATE, JOHN DIMEDA	A	A2-045B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
76	TORRES, ABELARDO	A	A2-046T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
89	MORGAN, LEON KENNY	A	A2-047B	ID UTILITY MEDICAL I/S SQ	23:00-23:15	ESCOBEDO
148	MOONEY, STEVEN	A	A3-005B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
123	ROY, LONNIE	A	A3-015B	ID UTILITY MEDICAL I/S SQ	23:00-23:15	ESCOBEDO
68	TOWNSEND, TYLER EDW	A	A3-017B	JANITOR EDUCATION 2ND	23:00-23:15	ESCOBEDO
120	RICHARDSON, DARRYL	A	A3-018T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
53	HORTON, CHRISTOPHER	A	A3-019B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
125	DODD, CHRISTOPHER J	A	A3-020T	GENERAL CLERK LIBRARY 1ST	23:00-23:15	ESCOBEDO
60	WINDHAM, HARVEY GEN	A	A3-021B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
40	CHAMPION, JACOB	A	A3-022T	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
113	WAGONER, TOM JR	A	A3-023B	UTILITY SQUAD 02	23:00-23:15	ESCOBEDO
105	WINTTERS, CHARLES E	A	A3-025B	UNASGN MEDICAL	23:00-23:15	ESCOBEDO
87	ESTES, JESSE RICHAR	A	A3-026T	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
99	MCBRIDE, JAMES HOLL	A	A3-027B	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
119	SWINNEY, TERRY JOE	A	A3-029B	STOCK CLERK LAUNDRY 1ST	23:00-23:15	ESCOBEDO
59	BISHOP, STEPHEN MAR	A	A3-033B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
26	WRIGHT, CAMERON MON	A	A4-015B	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
10	BATTLES, MICHAEL LA	A	A4-034T	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
47	GLAPION, JOHN JOSEP	A	A4-035B	ID I/S MEDICAL SQ 02	23:00-23:15	ESCOBEDO
34	ROBERTS, JONATHON A	A	A4-036T	JANITOR A1 BLDG DORM 1ST	23:00-23:15	ESCOBEDO
40	CADDELL, BRADLEY T	A	A4-037B	UNASGN MEDICAL	23:00-23:15	ESCOBEDO
51	JOHNSON, CARNEASE L	A	A4-038T	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
30	LANE, WALTER LEWIS	A	A4-039B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
48	WATTS, BRANDON MICH	A	A4-040T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
126	SHANNON, GEORGE THO	A	A4-041B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
113	MARTIN, DARRIN KEIT	A	A4-043B	JANITOR A1 BLDG DORM 2ND	23:00-23:15	ESCOBEDO
177	RHODES, JOHN	A	A4-045B	FULL TIME STUDENT	23:00-23:15	ESCOBEDO
166	HUFF, TRICO SHUMARK	A	A4-046T	JANITOR A1 BLDG DORM 3RD	23:00-23:15	ESCOBEDO
106	THOMAS, ROBERT WESL	A	A4-047B	ID UTILITY SQUAD 01	23:00-23:15	ESCOBEDO
151	HAMMER, RYAN DOUGLA	A	A4-048T	JANITOR K1 HALL 2ND	23:00-23:15	ESCOBEDO

Plaintiff's Case No. 16-33042

Alec. Horn

A 4 19

Offender
Gaddell

#169394D

SIUCR15/CSUC15 TDC UNIT CLASSIFICATION REVIEW CURRENT DATE 09/30/12
 JMTCICS/KBR0818 HOUSING/JOB ASSIGNMENT HISTORY AND TIME: 20:50:09
 137/UC15 INMATE NAME: CADDELL, BRADLEY J TDCNO: 01697940

USING	--HOUSING--		INM/HSG	JOB ASGN		JOB	
DATE	UNIT	ASGNMNT	CUST	AUTH	DATE	ASSIGNMENT	AUTH
HOUSING COMMENT				JOB COMMENT			

/28/12	HJ	A4	019	B	G1	G2	PE	06/12/12	UNASGN	MEDICAL	MED
AT								06/11/12	UNASGN	MEDICAL	MED
/28/12	HJ	UNASGN			G1	G2		09/12/11	BOILER	OPR 2ND	WJP
/12/12	HJ	A4	037	B	G1	G2	TJ	08/15/11	JANITOR F	BLDG DORM 2ND	PM
/11/12	HJ	A1	016	T	G1	GB	PE	06/22/11	JANITOR C1	BLDG DORM 2ND	PM
/04/12	HJ	A1	013	B	G1	GB	PE	04/06/11	JANITOR A1	BLDG DORM 2ND	UCC
AT RESTRIC								04/04/11	JANITOR	DORM A 2ND	UCC
/04/12	HJ	UNASGN			G1	GB		03/31/11	JANITOR	DORM B 2ND	UCC
/04/12	HJ	A1	013	B	G1	GB	PE	03/17/11	TRANSIENT	PEND DIAG PROC	CTR
/16/12	HJ	A1	033	B	G1	GB	UCC				
/15/11	HJ	F3	011	B	G2	G2	PM				

MORE HOUSING/JOBs AVAILABLE

TER THE NEXT TRANS CODE 02 AND/OR TDCNO _____

1-HELP PF3-PREV PF4-CURR AND/OR SIDNO _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: HJ.

6-29-12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75	60% 10	75	Burrell, La.
7:30 a.m.	78.5	59% 10	75	Burrell, La.
8:30 a.m.	83.7	59% 10	90	Burrell, La. St
9:30 a.m.	88	57% 10	93	Burrell, La.
10:30 a.m.	91.4	56% 10	96	Burrell, La.
11:30 a.m.	94.5	55% 10	96	Burrell, La.
12:30 p.m.	97.7	51% 10	101	Burrell, La.
1:30 a.m.	101.2	50% 10	110	Burrell, La. ¹⁰⁸
2:30 p.m.	102.4	50% 20	120	WHITEHEAD, S.
3:30 p.m.	101.7	48% 20	110	WHITEHEAD, S.
4:30 p.m.	101.5	42% 20	110	WHITEHEAD, S.
5:30 p.m.	101.7	40% 20	110	WHITEHEAD, S.
6:30 p.m.	101.7	36% 20	104	WHITEHEAD, S.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature LogUnit: Hutchins

4-30-12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75.8	60%	76	Burrell, La.
7:30 a.m.	78.5	60%	76	Burrell, La.
8:30 a.m.	80.1	58%	81	Burrell, La.
9:30 a.m.	87.5	57%	88	Burrell, La.
10:30 a.m.	89.3	56%	88	Burrell, La.
11:30 a.m.	95.2	54%	101	Burrell, La.
12:30 p.m.	98.8	50%	101	Burrell, La.
1:30 a.m.	97.4	50%	101	Burrell, La.
2:30 p.m.	99.7	50%	107	WHITEHEAD, S.
3:30 p.m.	103.5	47%	110	WHITEHEAD, S.
4:30 p.m.	100.6	47%	110	WHITEHEAD, S.
5:30 p.m.	98.8	43%	101	WHITEHEAD, S.
6:30 p.m.	102.8	42%	110	WHITEHEAD, S.

Emergency Services After Visit Summary**Parkland Health & Hospital System 5201 Harry Hines Blvd Dallas, Texas 75235 214-590-8000****Caddell, Bradley #4569916(HAR: 610935700) (CNN: 332957737) (51 year old M) EDMAIN-WEST B-WSTB (Adm: 6/30/12) Emergency****Allergies as of 6/30/2012**

Date Reviewed: 6/30/2012

No Known Allergies

Chief Complaint

Headache [52]

Diagnoses

Dehydration

Heat stroke and sunstroke

ED Diagnosis

Dehydration

Heat stroke and sunstroke

ED Disposition

Discharge

Current Prescriptions

None

Medication List

Notice

You have not been prescribed any medications.

Immunization History as of 6/30/2012

Never Reviewed

No immunizations on file.

Follow-up InformationFollow up With
JAIL HEALTH

Details

Comments
If symptoms worsenContact Info
600 Commerce Blvd.
Suite 760
Dallas Texas 75202-
4612
214-712-3032**PCP and Location**

PCP

Location
EMERGENCY SERVICES[2501]**Discharge Instructions****Dehydration**

Dehydration is the reduction of water and fluid from the body to a level below that required for proper functioning.

CAUSES

Dehydration occurs when there is excessive fluid loss from the body or when loss of normal fluids is not adequately replaced.

➤ Loss of fluids occurs in vomiting, diarrhea, excessive sweating, excessive urine output, or

excessive loss of fluid from the lungs (as occurs in fever or in patients on a ventilator).

- Inadequate fluid replacement occurs with nausea or decreased appetite due to illness, sore throat, or mouth pain.

SYMPTOMS

Mild dehydration

- Thirst (infants and young children may not be able to tell you they are thirsty).
- Dry lips.
- Slightly dry mouth membranes.

Moderate dehydration

- Very dry mouth membranes.
- Sunken eyes.
- Sunken soft spot (*fontanelle*) on infant's head.
- Skin does not bounce back quickly when lightly pinched and released.
- Decreased urine production.
- Decreased tear production.

Severe dehydration

- Rapid, weak pulse (more than 100 beats per minute at rest).
- Cold hands and feet.
- Loss of ability to sweat in spite of heat and temperature.
- Rapid breathing.
- Blue lips.
- Confusion, lethargy, difficult to arouse.
- Minimal urine production.
- No tears.

DIAGNOSIS

Your caregiver will diagnose dehydration based on your symptoms and your exam. Blood and urine tests will help confirm the diagnosis. The diagnostic evaluation should also identify the cause of dehydration.

PREVENTION

The body depends on a proper balance of fluid and salts (*electrolytes*) for normal function. Adequate fluid intake in the presence of illness or other stresses (such as extreme exercise) is important.

TREATMENT

- **Mild dehydration** is safe to self-treat for most ages as long as it does not worsen. Contact your caregiver for even mild dehydration in infants and the elderly.
- In teenagers and adults with **moderate dehydration**, careful home treatment (as outlined below) can be safe. Phone contact with a caregiver is advised. Children under 10 years of age with moderate dehydration should see a caregiver.
- If you or your child is **severely dehydrated**, go to a hospital for treatment. Intravenous (IV) fluids will quickly reverse dehydration and are often lifesaving in young children, infants, and elderly persons.

HOME CARE INSTRUCTIONS

Small amounts of fluids should be taken frequently. Large amounts at one time may not be tolerated. Plain water may be harmful in infants and the elderly. Oral rehydration solutions (ORS) are available at pharmacies and grocery stores. ORS replaces water and important electrolytes in proper

proportions. Sports drinks are not as effective as ORS and may be harmful because the sugar can make diarrhea worse.

- As a general guideline for children, replace any new fluid losses from diarrhea and/or vomiting with ORS as follows:
 - If your child **weighs 22 pounds or under** (10 kg or less), give 60-120 mL (1/4-1/2 cup or 2-4 ounces) of ORS for each diarrheal stool or vomiting episode.
 - If your child **weighs more than 22 pounds** (more than 10 kg), give 120-240 mL (1/2-1 cup or 4-8 ounces) of ORS for each diarrheal stool or vomiting episode.
- If your child is vomiting, it may be helpful to give the above ORS replacement in 5 mL (1 teaspoon) amounts every 5 minutes and increase as tolerated.
- While correcting for dehydration, children should eat normally. However, foods high in sugar should be avoided because they may worsen diarrhea. Large amounts of carbonated soft drinks, juice, gelatin desserts, and other highly sugared drinks should be avoided.
- After correction of dehydration, other liquids that are appealing to the child may be added. Children should drink small amounts of fluids frequently and fluids should be increased as tolerated. Children should drink enough fluids to keep urine clear or pale yellow.
- Adults should eat normally while drinking more fluids than usual. Drink small amounts of fluids frequently and increase the amount as tolerated. Drink enough fluids to keep urine clear or pale yellow. Broths, weak decaffeinated tea, lemon-lime soft drinks (allowed to go flat), and ORS replace fluids and electrolytes.

Avoid:

- Carbonated drinks.
- Juice.
- Extremely hot or cold fluids.
- Caffeine drinks.
- Fatty, greasy foods.
- Alcohol.
- Tobacco.
- Too much intake of anything at one time.
- Gelatin desserts.
- Probiotics are active cultures of beneficial bacteria. They may lessen the amount and number of diarrheal stools in adults. Probiotics can be found in yogurt with active cultures and in supplements.
- **Wash your hands well to avoid spreading germs (*bacteria*) and viruses.**
- Antidiarrheal medicines are not recommended for infants and children.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Do not give aspirin to children.**
- For adults with dehydration, ask your caregiver if you should continue all prescribed and over-the-counter medicines.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a lasting (*chronic*) or permanent injury and disability. If there is any problem keeping the appointment, you must call to reschedule.

SEEK IMMEDIATE MEDICAL CARE IF:

- You are unable to keep fluids down or other symptoms become worse despite treatment.
- Vomiting or diarrhea develops and becomes persistent.
- There is vomiting of blood or green matter (*bile*).
- There is blood in the stool or the stools are black and tarry.
- There is no urine output in 6 to 8 hours or there is only a small amount of very dark urine.
- Abdominal pain develops, increases, or localizes.
- You or your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- Your baby is older than 3 months with a rectal temperature of 102.0°F (38.9° C) or higher.
- **Your baby is 3 months old or younger with a rectal temperature of 100.4° F (38° C) or**

higher.

- You develop excessive weakness, dizziness, fainting, or extreme thirst.
- You develop a rash, stiff neck, severe headache, or you become irritable, sleepy, or difficult to awaken.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.

Financial Classification Instructions

You may be eligible for benefits to pay all or part of your hospital bills through one or more of the various federal, state and county programs.

To find out if you qualify, you'll need to meet with a financial counselor at one of the various financial counseling services located at the hospital or at one of Parkland's community health centers.

You will need to bring:

1. Birth Certificate for minor children(children under 18)
2. Statement from your physician if you are disabled (on their letter head) or obtain one of Parklands Medical Statements.
3. If employed, bring your most recent pay stubs.
 - If full-time, 2 payroll stubs (if paid weekly, bi-weekly, or monthly).
 - If employed part-time, you will need 4 pay stubs.
 - If you don't have pay stubs, you will need to obtain an employment verification form.
4. If unemployed, you will need to go to Texas Workforce Commission (TWC) and bring in statement that you are not currently employed.
5. If self employed bring in your most recent 1040 tax return.
6. Any other proof of income (for example, pension, child support for current year).
7. If married, you must have copy of both spouses identification.
8. Proof of Dallas County residency. This may include the current rent receipts, current lease agreement, utility bills, or referral letter from state or local agencies (on agency letterhead).
9. Your assets such as current bank statement, car title or insurance card, or property tax statement.
10. Your debts and liabilities (for example, car loan agreement, unpaid medical bills, or

Dallas, Texas

CONSENT TO MEDICAL TREATMENT

MRN: 4569916
 Caddell, Bradley
 EDMAIN
 HAR: 610935700
 CSN: 332957737

DOB: [REDACTED]
 Adm: 6/30/2012
 WH/M


CON130

Consent for Medical Treatment and Photography

I do hereby voluntarily consent to and authorize Parkland to provide care encompassing all diagnostic and therapeutic treatments, including HIV testing, considered necessary or advisable in the judgment of the attending physician or his/her designee. By signing this form, I do not waive my right to refuse recommended tests or treatments.

I understand that Parkland functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself and related records, laboratory work and specimens and diagnostic results from time to time for instructional purposes or machine testing at the sole discretion of Parkland.

I understand that photographs, videotapes, digital and other images may be recorded to document my care, and I consent to this. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Parkland procedures. Images that identify me will be released or used outside Parkland only upon written authorization from me or my legal representative.

Acknowledgement of Use and Disclosure of Protected Health Information

I understand:

- Parkland personnel and my physician create and maintain a record of the care and services provided to me.
- Information relating to my treatment, payment or health care operations may be used or disclosed in the management and delivery of care and services provided by Parkland.
- I have received a copy of Parkland's Notice of Privacy Practices that describes how my protected health information may be used or disclosed.
- I have received, read and understand the Patient Bill of Rights located on the back of this form.

Notice of Exchange of Medical Record

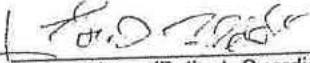
Parkland participates in an electronic medical record exchange program and shares limited information about you with other health care facilities and providers that participate in the program for purposes of the delivery of care and services to you. This exchange includes information such as your name, date of birth, and contact information. If you do not wish to have this limited information shared with other healthcare facilities or providers that participate in the exchange, please notify your nurse or physician.

Valuables

I understand that Parkland does not assume the responsibility for the safekeeping of any personal property that I choose to keep on my person or in my hospital room during my stay.

I have read and understand the above, they have been explained to me to my satisfaction, I accept and agree to the items contained in this Consent to Medical Treatment.

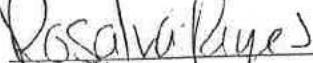

 Signature (Patient, Guardian or Legally Authorized Representative)


 Printed Name (Patient, Guardian or Legally Authorized Representative)

6/30/12 7:50
 a.m.
 p.m.

Relationship to Patient (if applicable): Spouse Parent/Guardian Other: (specify) _____


 Parkland Representative Signature


 Printed Name

33418 6/30/12 7:50
 a.m.
 p.m.

Interpreter Signature

Printed Name

ID # _____ Date _____ Time _____ a.m. _____ p.m. _____

Dallas, Texas

PATIENT STATEMENT OF RESPONSIBILITY

MRN: 4569916
 Caddell,Bradley
 EDMAN
 HAR: 610935700
 CSN: 332957737

DOB: [REDACTED]
 Adm: 6/30/2012
 WH/M
 [REDACTED]

PSR189

Patient Medication Assistance Programs

PHHS may be able to receive credit from Patient Medication Assistance Programs for some of the medications that I receive, if I meet the qualifications. If PHHS receives this credit, charges associated with these medications will be deducted from my bill. My signature below authorizes PHHS to sign, on my behalf, application forms necessary to obtain available reimbursement from Patient Medication Assistance Programs. I give my consent to release my information to Pharmaceutical Companies for Prescription Bulk Replacement Programs for Auditing Purposes only.

Financial Obligations/Assignments of Benefits

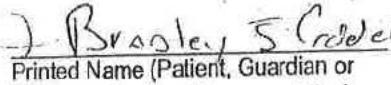
I understand:

- Withholding or providing false information could result in criminal or civil penalties under Texas law.
- I am responsible for payment of all charges related to medical services rendered which are not covered by insurance or a third-party program. I further understand that such charges are due upon dismissal.
- PHHS has the right to pursue full collection efforts including credit checks, asset inquiries and litigation.
- I will receive separate bills for services I receive from physicians, and other healthcare providers.
- My signature below authorizes payment directly to PHHS of all benefits otherwise payable to me by any third-party payor.
- I may receive services from a facility-based physician (radiologist, anesthesiologist, pathologist, emergency department physician or neonatologist), who is not a participating provider with the same insurance companies as PHHS. I may receive a bill for medical services from a facility-based physician for the amount unpaid by my insurance company. I may request information from a facility-based physician on whether the physician has a contract with my insurance company and under what circumstances I may be responsible for payment of any amount not paid by my insurance company. I may request a list of names and contact information for facility-based physicians.

PHHS is: N/A In-Network Out-of-Network with my insurance payor.

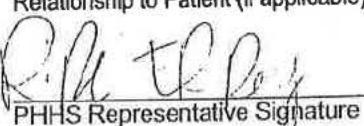
I have read and understand the above, they have been explained to me to my satisfaction, I accept and agree to the items contained in this Statement of Responsibility.


 Signature (Patient, Guardian or Legally Authorized Representative)

 Bradley S. Caddell
 Printed Name (Patient, Guardian or Legally Authorized Representative)

6/30/12 8:50
 Date Time
 p.m.

Relationship to Patient (if applicable) Spouse Parent/Guardian Other: (specify) _____


 PHHS Representative Signature


 Printed Name

33418 6/30/12 8:50
 ID # Date Time
 a.m.

Interpreter Signature

Printed Name

ID # Date Time
 p.m.



Admit/Appt Department: ED MAIN

MRN #: 4569916

Admit Dx/Chief Complaint:

HAR #: 610935700

No admission diagnoses for hospital encounter.

CSN #: 332957737

Patient Notice: Advance Directive: No
Admit Date: 6/30/2012 Discharge Date:

Privacy Notice: Acknowledgement

ISO/INFECTION INFO

Isolation:

Attend:

Infection:

PCP:

PATIENT INFORMATION

CADDELL, BRADLEY

DOB: [REDACTED] (51 yrs)

1500 E Langdon Rd

Marital Status: Married

Dallas TX 75241

Sex: Male

Race: White

County: BRAZORIA

Home Phone: 972-225-1304 (Temp)

No relevant phone numbers on file.

Alias:

EMERGENCY NOTIFICATION

Extended Emergency Contact Information

Emergency Contact #1

Name: Caddell, Caral

Home Phone Number: 832-880-0807

Relation: Spouse

GUARANTOR INFORMATION

CADDELL, BRADLEY

Financial Class: Medicaid

1302 East Roadway

Relationship: Self

Pearland, TX 77581

Sex: Male

Work Phone:

PRIMARY INSURANCE

UTMB INMATES

Subscriber: CADDELL, BRADLEY

301 UNIVERSITY BLVD.

Relationship: Self

Galveston, TX 77555-1008

Cvg Group #:

Phone: 000-000-0000

Subscriber #: 804638

SECONDARY INSURANCE

Subscriber:

Relationship:

Cvg Group #:

Subscriber #:

Phone:

EMPLOYER INFORMATION

Employer:

No address on file.

PRINT DATE: 6/30/2012

A20

From: Terry May/Institutional/TDCJ
To: Jeff Pringle/Institutional/TDCJ@TDCJ, Balden Polk/Institutional/TDCJ@TDCJ
Date: Sunday, July 01, 2012 11:41AM
Subject: offender Caddell 1697940

Warden,

I interviewed offender Caddell 1697940, his housing assignment is A 4-19 the offender states that he did have a fan on him but sometime through out the night another offender repositioned the fan, when he woke up he was sweating so he took a shower, but was still feeling bad. So after count cleared he went to the boiler room were he called G control, and told them he needed to go to medical. At this time he had not worked in the boiler room, he stated that his shift was from two till ten, the offender states that it was not the boiler room that was hot, and that he had gotten hot on the dorms because some one moved the fan.

Offender Caddell arrived at Hutchins 04-6-2011 and was assigned as a dorm janitor, his restrictions at that time were no lifting over 25 lbs, limited sitting, no food service, and do not assign to medical and no temperature extremes. This offender was a dorm janitor up till September 12, 2011, were he was then made a boiler room operator. He was then seen on committee February 16 2012 and promoted to a G1. Offender Caddell was then unassigned medical on 6-11-2012 and as the document shows he is still unassigned medical.

The offender said he never received a lay in stating that he was unassigned medical but has been turning out for work.

During the conversation he stated that he had been interviewed by Sgt. Warfield for an investigation on an assaulted offender on A4 dorm, and has been having a little problem with the other offenders thinking he was the one that told.

At this time I have had the offender moved to another bunk number 35 a heat restriction bunk were there is air blowing on it. The offender is alert and able to make conversation and is coherent, if I find out any more information I will forward it to you.

21-2012

I'm in Dorm A4-19- Went to sleep Friday night with Fan in the direction of Heat Restrictions. But when I woke up the fans were moved. And I woke up sweating, Got up took a shower feeling bad, when finish laid back down and tried to sleep but the longer I laid there the Hotter I got, So I tried to set in front of the new fan they put under the T.V. Started getting cold chills and sweating and Had a hard time sleeping. So I got dressed and waited for 1:30 count to clear, when cleared I went to Boiler Room called G Building talk to Ms Whitehead and asked her to call my Relief in, that I need to go to Medical, 15 min later, My Relief showed up A3-55 and I went to G-Building and Ms Whitehead wrote me a pass for Medical
On 6-30 I did not work in the Boiler Room all day

Brad Caldwell

7-1-12

TAC # 1697940

HOUSE/JOB CHANGE

NAME: CADDELL, BRADLEY J

NO: 01637940

DATE: 06/11/2012 15:35:04

RACE: W

THE ABOVE NAMED AND NUMBERED INMATE IS TO
BE ASSIGNED AS FOLLOWS:

OLD HOUSE: A1-0138

NEW HOUSE: A1-0161

OLD JOB:

NEW JOB:

COMPLETED BY: 

APPROVED BY: _____

UNIT ACTIVITY FOR 06/11/2012

06/11/2012

22:02:48

TIME	TDC#	NAME	R	HOUSE	JOB DESCRIPTION
5:26:40	01776881	BROWN, KEITHAN JAY	W	FR: E2-051B TO: D1-022T	JANITOR E BLDG DORM 1ST TRANSIENT OTHER
5:32:25	01787155	BULLARD, CHRISTOPHER ALLEN	W	FR: TO: C5-010T	TRANSIENT PEND DIAG PROCESSING
5:52:17	01762490	BUTLER, JASON PAUL	W	FR: B7-018T TO: D3-035B	
5:53:41	01762490	BUTLER, JASON PAUL	W	FR: TO:	DRUG/ALCOHOL-TURNING POINT JANITOR D BLDG DORM 1ST
5:49:47	01781353	CABALLERO, RENE JR	H	FR: TO: A1-010T	JANITOR A1 BLDG DORM 2ND
5:03:22	01697940	CADDELL, BRADLEY J	W	FR: TO:	BOILER OPR 2ND UNASGN MEDICAL
5:35:04	01697940	CADDELL, BRADLEY J	W	FR: A1-013B TO: A1-016T	
5:37:21	01785489	CANTU, ANGEL ANTHONY	H	FR: C7-056T TO: D1-014T	TRANSIENT PEND DIAG PROCESSING UNASGN PENDING ASSIGNMENT
5:49:52	01767440	CHAMPION, JACOB	W	FR: A3-014T TO: A3-022T	
1:56:58	01767440	CHAMPION, JACOB	W	FR: A3-022T TO: A3-014T	
1:59:48	01767440	CHAMPION, JACOB	W	FR: A3-014T TO: A3-022T	
1:37:38	01785474	CHAVIRA, JAVIER JUAN	H	FR: C5-024T TO: D2-032T	TRANSIENT PEND DIAG PROCESSING JC UTILITY SQUAD 04
5:47:08	01772923	CLARK, NATHANIEL	B	FR: A4-041B TO: A3-049B	
5:41:04	01687013	CLARK, TONY RAYLYNN	B	FR: A2-032T TO: A2-044T	
1:38:23	01785023	CLEVELAND, PATRICK BERNARD	B	FR: C6-038T TO: D4-032T	TRANSIENT PEND DIAG PROCESSING UTILITY SQUAD 05
1:38:04	01785490	COKER, JEREMY LEE	W	FR: C6-002T	TRANSIENT PEND DIAG PROCESSING
		Plaintiff ADDRESS: 01647056			UTILITY SQUAD 05

** REQUESTOR: CCO4161 - COZART, CAROL HUTCHINS JAIL FACILITY ***

** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 833276 DATE: 07/03/12 TIME: 03:38am PRIORITY: 000

O: CCO4161 - COZART, CAROL
ADMINISTRATIVE ASSISTANT II
HUTCHINS JAIL FACILITY
1500 E. LANGDON RD.
DALLAS, TEXAS 75241

ROM: KBR0818 - BROWN, KEVIN
LIEUTENANT
HUTCHINS JAIL FACILITY
1500 E. LANGDON RD.
DALLAS, TEXAS 75241

SUBJECT: I-09196-07-12

IT WAS REPORTED THAT DUTY WARDEN MAJOR TERRY MAY WAS NOTIFIED ON
1/1/2012 WHEN IN FACT HE WAS NOTIFIED ON 6/30/2012 AT APPROXIMATELY
1900 HOURS.

LIEUTENANT K BROWN
HUTCHINS STATE JAIL.

Sent to: HJEAC <list> (to)
HJADMIN <list> (to)
HJLTS <list> (to)

** REQUESTOR: CCO4161 - COZART, CAROL HUTCHINS JAIL FACILITY ***

** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 833164 DATE: 07/03/12 TIME: 01:36am PRIORITY: 000

O: CCO4161 - COZART, CAROL
ADMINISTRATIVE ASSISTANT II
HUTCHINS JAIL FACILITY
1500 E. LANGDON RD.
DALLAS, TEXAS 75241

ROM: KBR0818 - BROWN, KEVIN
LIEUTENANT
HUTCHINS JAIL FACILITY
1500 E. LANGDON RD.
DALLAS, TEXAS 75241

UBJECT: I-09196-07-12

HE SPECIFIC LOCATION STATED ON THE EAC TELEX WAS BOILER ROOM. OFFENDER
ADDELL WAS IN HIS HOUSING LOCATION OF A-4 DORM WHEN HE BEGAN TO FEEL
LL. THE OFFENDER WENT TO HIS WORK LOCATION (BOILER ROOM) AND NOTIFIED
STAFF FROM THERE.

LIEUTENANT K BROWN
HUTCHINS STATE JAIL

sent to: HJEAC <list> (to)
HJLTS <list> (to)
HJADMIN <list> (to)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature LogUnit: Hutchins

6.30.12

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75.8	62% 0% 0% 0%	74	Burrell, La
7:30 a.m.	78.5	60% 0% 0% 0%	76	Burrell, La
8:30 a.m.	80.1	58% 0% 0% 0%	81	Burrell, La
9:30 a.m.	87.5	57% 0% 0% 0%	88	Burrell, La
10:30 a.m.	89.3	56% 0% 0% 0%	88	Burrell, La
11:30 a.m.	95.2	54% 0% 0% 0%	101	Burrell, La
12:30 p.m.	98.8	50% 0% 0% 0%	101	Burrell, La
1:30 a.m.	97.4	50% 0% 0% 0%	101	Burrell, La
2:30 p.m.	99.7	50% 0% 0% 0%	107	WHITEHEAD, S
3:30 p.m.	103.5	47% 0% 0% 0%	110	WHITEHEAD, S
4:30 p.m.	100.6	47% 0% 0% 0%	110	WHITEHEAD, S
5:30 p.m.	98.8	43% 0% 0% 0%	101	WHITEHEAD, S
6:30 p.m.	102.8	42% 0% 0% 0%	110	WHITEHEAD, S